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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/767,216 |
| | Filing Date | 01/29/04 |
| | First Named Inventor | Pamela R. Lipson |
| | Title | Information Search and Retrieval System |
| | Art Unit | 2161 |
| | Examiner Name | Kim, Paul |
| | Attorney Docket Number | 018236-001900US |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

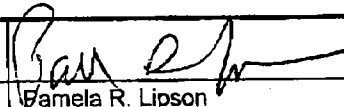
Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|---------|
| Signature |  | Date | 3/15/07 |
| Name | Pamela R. Lipson | Telephone | |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--------------------|-----------|---------|
| Signature | <i>Pawan Sinha</i> | Date | 3/15/07 |
| Name | Pawan Sinha | Telephone | |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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